

Foster Family Home - Corrective Action Report

Provider ID: 1-180069

Home Name: Almira Shibata, NA

94-402 Hamau Street

Waipahu HI 96797

Review ID: 1-180069-3

Reviewer: David Ayling

Begin Date: 8/30/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 8/30/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date